

CALIFORNIA BIODIVERSITY COUNCIL

Lake Arrowhead, California

June 16 & 17, 2004

REGISTRATION FORM

Please use a separate form for each person attending.

Name: _____

Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone/Fax: _____

E-mail: _____

Please check the appropriate events:

Wednesday, June 16

_____ I will attend the Field Trip departing at 12:30pm from the Lake Arrowhead Resort, Lake Arrowhead.

_____ I would like a box lunch on the field trip (*circle here for vegetarian lunch*): **\$10**

_____ I will attend the dinner program beginning at 6:00 pm at the Lake Arrowhead Resort.

_____ Dinner Buffet **\$25**

Thursday, June 17

_____ I will attend the meeting beginning at 8:00 am in the Lakeview Terrace Room at the Lake Arrowhead Resort. *Note: the program ends at 1:00pm and no lunch will be served.*

_____ **Total due** (please add cost for all meals)

Payment method (all payments must be made in advance):

_____ Check (made payable to "UC Regents")

_____ Charge my _____ Visa or _____ MasterCard (*please check one; we cannot accept American Express at this time*)

Card # _____ Expiration: _____

Name as it appears on card: _____

Signature: _____

I agree to have my credit card charged in the above stated amount by the UC Berkeley Wildland Resource Center and to abide by the credit contract with my credit card issuer. I understand that these fees are non-refundable if notice of cancellation is not received by 12:00 pm or mail delivery on June 9, 2004.

Please complete this form and submit by June 9, 2004 to:

Lauren McNees, CBC, 1300 U Street, Sacramento, CA 95818

Fax: 916.324-1180 E-mail: lauren.mcnees@fire.ca.gov

Questions?

*Call Lauren McNees
at 916.445-5845*